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APPLICANTS

Yitzhak Zilberman, Santa Clarita, CA;
 Ross Davis, Rockport, ME;
 Lee J. Mandell, West Hills, CA;
 Joseph H. Schulman, Santa Clarita, CA;

**** CONTINUING DATA *********** FOREIGN APPLICATIONS *********** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		JS	24	29	4
Verified and Acknowledged	/JOSEPH A STOKLOSA/ Examiner's Signature	Initials				

ADDRESS

ALFRED E. MANN FOUNDATION FOR
 SCIENTIFIC RESEARCH
 PO BOX 905
 SANTA CLARITA, CA 91380
 UNITED STATES

TITLE

Placement structure for facilitating placement of an implantable device proximate to neural / muscular tissue for affecting and/or sensing neural / muscular tissue

FILING FEE RECEIVED 1018	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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